


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90020 008 ****61.25

DOCUMENT # N00000000253	
1. Entity Name KUTTANAD MEDICAL SERVICE DEVELOPMENT FUND, INC.	

Principal Place of Business 2731 NE 14TH ST CAUSEWAY, # 502 POMPANO BEACH, FL 33062	Mailing Address 2731 NE 14TH ST CAUSEWAY, # 502 POMPANO BEACH, FL 33062
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07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0982688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDWARD JONES, CPA
1050 SW 23RD AVE
BOYNTON BEACH, FL 33426

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARAPALLY, FR J 5201 N. MILITARY TRAIL POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOTTAYIL, JOSEPH FR 9200 SW 107 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENSEN, DOROTHY 2731 NE 14TH ST #502 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENSEN, EARL 2731 NE 14TH ST #502 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRINO, JOHN 1079 HILLSBOROMILE S #1 HILLSBORO, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRINO, BARBARA 1079 HILLSBORO MILE S #1 HILLSBORO, FL 33062

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Earl Jensen **EARL JENSEN** **TREASURER** **07/03/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #